

11mc20

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mail or on the front if space permits.</li> </ul>		A. Signature X <i>Kim M. Wilde</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Jinhee Kim Wilde, Esq. Wilde and Associates LLC 11140 Rockville Pike Ste 620 Rockville, MD 20852 <b>**PERSONAL AND CONFIDENTIAL**</b>		B. Received by (Printed Name) <i>Kim M. Wilde</i> C. Date of Delivery 3/17/11	
2. Article Number (Transfer from service label) 7001 2510 0000 4853 6008		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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Attn: Catherine M. N. Scaffidi

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